



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
22 Jefferson		0452 Clancy Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	48	1.80	89	08/18/05	_____	_____
100	1	2	23	1.80	84	08/18/05	_____	_____
100	1	3	50	1.57	71	08/18/05	_____	_____
100	1	4	38	1.57	78	08/18/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
22 Jefferson		0453 Whitehall Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
65	4-47	1	92.5	1.80	89	08/18/05	_____	_____
65	4-47	2	51.2	1.57	78	None	_____	_____
65	4-47	3	63.8	1.80	84	08/18/05	_____	_____
65	4-47	4	56.8	1.80	84	08/18/05	_____	_____
65	4-47	5	88.6	1.80	84	08/18/05	_____	_____
65	4-47	6	48	1.57	77	08/18/05	_____	_____



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County:		District:					District Level:	
22 Jefferson		0454 Whitehall H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
35	2	1	92.5	1.80	89	08/18/05	_____	_____
35	2	2	51.2	1.57	78	None	_____	_____
35	2	3	63.8	1.80	84	08/18/05	_____	_____
35	2	4	56.8	1.80	84	08/18/05	_____	_____
35	2	5	88.6	1.80	84	08/18/05	_____	_____
35	2	6	48	1.57	77	08/18/05	_____	_____



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22 Jefferson		0456 Boulder Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
61	7	1	96	0.95	42	None	_____	_____
61	7	2	44	1.36	65	08/18/05	_____	_____
61	7	3	75	1.15	59	None	_____	_____



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22 Jefferson		0457 Jefferson H S						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
39	1	1	96	0.95	42	None	_____	_____	
39	1	2	44	1.36	65	08/18/05	_____	_____	
39	1	3	75	1.15	59	None	_____	_____	
100	1	4	81.2	1.80	84	08/18/05	_____	_____	
100	1	5	108.4	1.57	78	08/18/05	_____	_____	
100	1	6	88.6	1.57	72	08/18/05	_____	_____	
100	1	7	98.3	1.57	72	08/18/05	_____	_____	



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22 Jefferson	0458 Cardwell Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	16-31	1A	116	0.95	47	08/18/05	_____	_____
100	16-31	2	62.4	1.15	54	08/22/05	_____	_____